FOR BHF USE

LL1

2005
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2005)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0038315

Facility Name: Heritage Manor-Gibson City

Address: 620 East First Street (Number) Gibson City (City) 60936 (Zip Code)

County: Ford

Telephone Number: (217) 784-4257 **Fax #** ( )

HFS ID Number: 370909086002

Date of Initial License for Current Owners: 1980

Type of Ownership:

	VOLUNTARY,NON-PROFIT	xx	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
		xx	"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Craig Ater **Telephone Number:** (309)823-7135

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/05 to 12/31/05 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) _____ (Date)

(Type or Print Name) Craig L. Ater

(Title) Senior V.P. & CFO

Paid Preparer

(Signed) _____ (Date)

(Print Name and Title)

(Firm Name & Address)

(Telephone) ( ) Fax # ( )

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 **Phone # (217) 782-1630**

Facility Name & ID Number Heritage Manor-Gibson City # 0038315 Report Period Beginning: 01/01/05 Ending: 12/31/05

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	75	Skilled (SNF)	75	27,375	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	75	TOTALS	75	27,375	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	12,212	7,976	966	21,154	8
9	SNF/PED			0		9
10	ICF					10
11	ICF/DD					11
12	SC	0	0	0		12
13	DD 16 OR LESS					13
14	TOTALS	12,212	7,976	966	21,154	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 77.27%

D. How many bed-hold days during this year were paid by the Department?
0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
none

F. Does the facility maintain a daily midnight census? yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [ ] NO [xx]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [xx]

I. On what date did you start providing long term care at this location?
Date started 1980

J. Was the facility purchased or leased after January 1, 1978?
YES [ ] Date _____ NO [xx]

K. Was the facility certified for Medicare during the reporting year?
YES [xx] NO [ ] If YES, enter number of beds certified _____ and days of care provided 966

Medicare Intermediary Mutual of Omaha

IV. ACCOUNTING BASIS

ACCRUAL [xx] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [ ] NO [ ]

Tax Year: _____ Fiscal Year: _____

* All facilities other than governmental must report on the accrual basis.

STATE OF ILLINOIS

Facility Name & ID Number Heritage Manor-Gibson City # 0038315 Report Period Beginning: 01/01/05 Ending: 12/31/05

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	173,442	6,320		179,762		179,762	3,310	183,072			1
2	Food Purchase		93,037		93,037		93,037		93,037			2
3	Housekeeping	74,817	9,868		84,685		84,685	4	84,689			3
4	Laundry	35,311	7,264		42,575		42,575		42,575			4
5	Heat and Other Utilities			62,826	62,826		62,826	1,045	63,871			5
6	Maintenance	59,890	13,105	19,985	92,980		92,980	8,756	101,736			6
7	Other (specify):*											7
8	**TOTAL General Services**	343,460	129,594	82,811	555,865		555,865	13,115	568,980			8
	B. Health Care and Programs											
9	Medical Director			5,700	5,700		5,700		5,700			9
10	Nursing and Medical Records	759,331	56,835	197,652	1,013,818		1,013,818		1,013,818			10
10a	Therapy		97,919	84,887	182,806	(204,039)	(21,233)	101,946	80,713			10a
11	Activities	42,439	1,282		43,721		43,721		43,721			11
12	Social Services	26,193	58	2,987	29,238		29,238		29,238			12
13	CNA Training	933	100		1,033		1,033	1,177	2,210			13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	828,896	156,194	291,226	1,276,316	(204,039)	1,072,277	103,123	1,175,400			16
	C. General Administration											
17	Administrative	52,121			52,121		52,121	48,571	100,692			17
18	Directors Fees							3,768	3,768			18
19	Professional Services			172,957	172,957		172,957	(162,488)	10,469			19
20	Dues, Fees, Subscriptions & Promotions			61,600	61,600	(41,063)	20,537	(3,813)	16,724			20
21	Clerical & General Office Expenses	90,760	7,642	13,719	112,121		112,121	106,946	219,067			21
22	Employee Benefits & Payroll Taxes			296,575	296,575		296,575	27,267	323,842			22
23	Inservice Training & Education			1,116	1,116		1,116	883	1,999			23
24	Travel and Seminar			4,032	4,032		4,032	(2,033)	1,999			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			50,663	50,663		50,663	1,337	52,000			26
27	Other (specify):*			39,511	39,511		39,511	(39,500)	11			27
28	**TOTAL General Administration**	142,881	7,642	640,173	790,696	(41,063)	749,633	(19,062)	730,571			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	1,315,237	293,430	1,014,210	2,622,877	(245,102)	2,377,775	97,176	2,474,951			29

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Heritage Manor-Gibson City #0038315 **Report Period Beginning:** 01/01/05 **Ending:** 12/31/05

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			80,804	80,804		80,804	8,885	89,689			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			56,467	56,467		56,467	15,468	71,935			32
33	Real Estate Taxes			41,963	41,963		41,963		41,963			33
34	Rent-Facility & Grounds							4,589	4,589			34
35	Rent-Equipment & Vehicles			4,586	4,586		4,586	(409)	4,177			35
36	Other (specify):*											36
37	**TOTAL Ownership**			183,820	183,820		183,820	28,533	212,353			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers					204,039	204,039		204,039			39
40	Barber and Beauty Shops			5,230	5,230		5,230		5,230			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee					41,063	41,063		41,063			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**			5,230	5,230	245,102	250,332		250,332			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	1,315,237	293,430	1,203,260	2,811,927		2,811,927	125,709	2,937,636			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

Facility Name & ID Number Heritage Manor-Gibson City # 0038315 Report Period Beginning: 01/01/05 Ending: 12/31/05

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 OHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(1,560)	35		5
6	Rented Facility Space		34		6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation		30		9
10	Interest and Other Investment Income		32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax		2		13
14	Non-Care Related Interest		32		14
15	Non-Care Related Owner's Transactions		33		15
16	Personal Expenses (Including Transportation)		24		16
17	Non-Care Related Fees	(723)	20		17
18	Fines and Penalties				18
19	Entertainment	(9,016)	24		19
20	Contributions	(1,500)	27		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(17,746)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(38,000)	27		24
25	Fund Raising, Advertising and Promotional	(6,276)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule		23		29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (74,821)		$	30

OHF USE ONLY								
48		49		50		51		52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	200,530		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 200,530		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ 125,709		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.			$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44	Exceptional Care Program					44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

Heritage Manor-Gibson City

ID# 0038315

Report Period Beginning: 01/01/05

Ending: 12/31/05

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1		$		1
2				2
3				3
4				4
5		(1,560)	35	5
6		0	34	6
7				7
8				8
9		0	30	9
10			32	10
11				11
12				12
13		0	2	13
14			32	14
15		0	33	15
16			24	16
17		(723)	20	17
18				18
19			24	19
20		(1,500)	27	20
21				21
22		(17,746)	19	22
23				23
24		(38,000)	27	24
25		(6,276)	20	25
26				26
27				27
28				28
29		0	23	29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	**Total**	(65,805)		49

STATE OF ILLINOIS — Summary A

Facility Name & ID Number Heritage Manor-Gibson City # 0038315 **Report Period Beginning:** 01/01/05 **Ending:** 12/31/05

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	3,310	0	0	0	0	0	0	0	0	3,310	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	0	0	4	0	0	0	0	0	0	0	0	4	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	1,045	0	0	0	0	0	0	0	0	1,045	5
6	Maintenance	0	0	8,756	0	0	0	0	0	0	0	0	8,756	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	0	0	13,115	0	0	0	0	0	0	0	0	13,115	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	101,946	0	0	0	0	0	0	0	0	0	101,946	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	1,177	0	0	0	0	0	0	0	0	1,177	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	0	101,946	1,177	0	0	0	0	0	0	0	0	103,123	16
	C. General Administration													
17	Administrative	0	0	48,571	0	0	0	0	0	0	0	0	48,571	17
18	Directors Fees	0	0	3,768	0	0	0	0	0	0	0	0	3,768	18
19	Professional Services	(17,746)	(155,211)	10,469	0	0	0	0	0	0	0	0	(162,488)	19
20	Fees, Subscriptions & Promotions	(6,999)	0	3,186	0	0	0	0	0	0	0	0	(3,813)	20
21	Clerical & General Office Expenses	0	0	106,946	0	0	0	0	0	0	0	0	106,946	21
22	Employee Benefits & Payroll Taxes	0	0	27,267	0	0	0	0	0	0	0	0	27,267	22
23	Inservice Training & Education	0	0	883	0	0	0	0	0	0	0	0	883	23
24	Travel and Seminar	(9,016)	0	6,983	0	0	0	0	0	0	0	0	(2,033)	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	1,337	0	0	0	0	0	0	0	0	1,337	26
27	Other (specify):*	(39,500)	0	0	0	0	0	0	0	0	0	0	(39,500)	27
28	**TOTAL General Administration**	(73,261)	(155,211)	209,410	0	0	0	0	0	0	0	0	(19,062)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(73,261)	(53,265)	223,702	0	0	0	0	0	0	0	0	97,176	29

STATE OF ILLINOIS **Summary B**

Facility Name & ID Number **Heritage Manor-Gibson City** **#** **0038315** **Report Period Beginning:** **01/01/05** **Ending:** **12/31/05**

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	0	0	0	8,885	0	0	0	0	0	0	0	8,885	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	0	0	0	15,468	0	0	0	0	0	0	0	15,468	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	0	4,589	0	0	0	0	0	0	0	4,589	34
35	Rent-Equipment & Vehicles	(1,560)	0	0	1,151	0	0	0	0	0	0	0	(409)	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	(1,560)	0	0	30,093	0	0	0	0	0	0	0	28,533	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	**TOTAL Special Cost Centers**	0	0	0	0	0	0	0	0	0	0	0	0	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(74,821)	(53,265)	223,702	30,093	0	0	0	0	0	0	0	125,709	45

Facility Name & ID Number Heritage Manor-Gibson City # 0038315 Report Period Beginning: 01/01/05 Ending: 12/31/05

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Attached						

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [xx] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V			$			$	$	1
2	V	10a	Adjustment for Related Organization						2
3	V								3
4	V	19	Adjustment for Related Organization	155,211	Heritage Enterprises, Inc.	100.00%		(155,211)	4
5	V								5
6	V	10a	Adjustment for Related Organization	97,761	GreenTree Pharmacy	100.00%	199,707	101,946	6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$ 252,972			$ 199,707	$ * (53,265)	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Heritage Manor-Gibson City # 0038315 Report Period Beginning: 01/01/05 Ending: 12/31/05

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	1	Dietary	$	Heritage Enterprises, Inc.	100.00%	$ 3,310	$ 3,310	15
16	V	2	Food Purchase				0		16
17	V	3	Housekeeping				4	4	17
18	V	4	Laundry				0		18
19	V	5	Heat & Other Utilities				1,045	1,045	19
20	V	6	Maintenance				8,756	8,756	20
21	V	7	Other				0		21
22	V	9	Medical Director				0		22
23	V	10	Nursing & Medical Records				0		23
24	V	11	Activities				0		24
25	V	12	Social Service				0		25
26	V	13	Nurse Aide Training				1,177	1,177	26
27	V	14	Program Transportation				0		27
28	V	15	Other				0		28
29	V	17	Administrative				48,571	48,571	29
30	V	18	Directors Fees				3,768	3,768	30
31	V	19	Professional Services				10,469	10,469	31
32	V	20	Fees, Subscription, Promotions				3,186	3,186	32
33	V	21	Clerical & General Office Expenses				106,946	106,946	33
34	V	22	Employee Benefits & Payroll Taxes				27,267	27,267	34
35	V	23	Inservice Training & Education				883	883	35
36	V	24	Travel and Seminar				6,983	6,983	36
37	V	25	Other Admin. Staff Transportation				0		37
38	V	26	Insurance-Prop.Liab.Malpract				1,337	1,337	38
39	Total			$			$ 223,702	$ * 223,702	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Heritage Manor-Gibson City # 0038315 Report Period Beginning: 01/01/05 Ending: 12/31/05

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	27	Other	$	Heritage Enterprises, Inc.	100.00%	$	$ 0	15
16	V	30	Depreciation					8,885	16
17	V	31	Amortization of Pre-Op & Org					0	17
18	V	32	Interest					15,468	18
19	V	33	Real Estate Taxes					0	19
20	V	34	Rent-Facility & Grounds					4,589	20
21	V	35	Rent-Equipment & Vehicles					1,151	21
22	V	36	Other					0	22
23	V	38	Medically Nec Transportation					0	23
24	V	39	Ancillary Service Centers					0	24
25	V	40	Barber and Beauty Shops					0	25
26	V	41	Coffee and Gift Shops					0	26
27	V	42	Other					0	27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$ 0	$ * 30,093	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Heritage Manor-Gibson City # 0038315 Report Period Beginning: 01/01/05 Ending: 12/31/05

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Susie Jefferson	Director	Management	15.86				Salary/BOD	$ 11,453	Ln 17 & 18	1
2	Estate ofTom Jefferson			16.21				Salary/BOD	0	Ln 17 & 18	2
3	Craig Hart	Chairman	Management	31.95				Salary/BOD	12,844	Ln 17 & 18	3
4	Cheryl Lowney	Executive Vice Presi	Management	0.49		40	100.00	Salary/BOD	7,648	Ln 17 & 18	4
5	Steve Wannemacher	President	Management	0.42		40	100.00	Salary/BOD	9,966	Ln 17 & 18	5
6	Connie Hoselton	Sr Vice President	Management	0.27		40	100.00	Salary	4,917	Ln 17 & 18	6
7	Craig Ater	Sr Vice President	Management	0.34		40	100.00	Salary	5,511	Ln 17 & 18	7
8	Ben Hart	Vice President	Management	3.20		40	100.00	Salary	2,184	Ln 17 & 18	8
9											9
10											10
11											11
12											12
13								TOTAL	$ 54,523		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION.

Facility Name & ID Number Heritage Manor-Gibson City # 0038315 Report Period Beginning: 01/01/05 Ending: 12/31/05

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [xx] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: Heritage Enterprises
Street Address: 115 W. Jefferson
City / State / Zip Code: Bloomington,Il
Phone Number: ( )
Fax Number: ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	1	Dietary	Beds	2,612	25	$ 115,289	$ 115,276	75	$ 3,310	1
2	2	Food Purchase	Beds	2,612	25	7	0	75	0	2
3	3	Housekeeping	Beds	2,612	25	124	0	75	4	3
4	4	Laundry	Beds	2,612	25	0	0	75	0	4
5	5	Heat & Other Utilities	Beds	2,612	25	36,387	0	75	1,045	5
6	6	Maintenance	Beds	2,612	25	304,933	79,110	75	8,756	6
7	7	Other	Beds	2,612	25	0	0	75	0	7
8	9	Medical Director	Beds	2,612	25	0	0	75	0	8
9	10	Nursing & Medical Records	Beds	2,612	25	0	0	75	0	9
10	11	Activities	Beds	2,612	25	0	0	75	0	10
11	12	Social Service	Beds	2,612	25	0	0	75	0	11
12	13	Nurse Aide Training	Beds	2,612	25	40,976	40,976	75	1,177	12
13	14	Program Transportation	Beds	2,612	25	0	0	75	0	13
14	15	Other	Beds	2,612	25	0	0	75	0	14
15	17	Administrative	Beds	2,612	25	1,691,552	1,767,611	75	48,571	15
16	18	Directors Fees	Beds	2,612	25	131,223	0	75	3,768	16
17	19	Professional Services	Beds	2,612	25	364,592	0	75	10,469	17
18	20	Fees, Subscription, Promotions	Beds	2,612	25	110,958	0	75	3,186	18
19	21	Clerical & General Office Expens	Beds	2,612	25	3,724,581	3,309,912	75	106,946	19
20	22	Employee Benefits & Payroll Taxe	Beds	2,612	25	949,625	0	75	27,267	20
21	23	Inservice Training & Education	Beds	2,612	25	30,747	0	75	883	21
22	24	Travel and Seminar	Beds	2,612	25	243,204	0	75	6,983	22
23	25	Other Admin. Staff Transportatio	Beds	2,612	25	0	0	75	0	23
24	26	Insurance-Prop.Liab.Malpract	Beds	2,612	25	46,560	0	75	1,337	24
25	TOTALS					$ 7,790,758	$ 5,312,885		$ 223,702	25

Facility Name & ID Number Heritage Manor-Gibson City # 0038315 Report Period Beginning: 01/01/05 Ending: 12/31/05

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	27	Other	Beds	2,612	25	$	$	75	$	1
2	30	Depreciation	Beds	2,612	25	309,426		75	8,885	2
3	31	Amortization of Pre-Op & Org	Beds	2,612	25			75		3
4	32	Interest	Beds	2,612	25	538,695		75	15,468	4
5	33	Real Estate Taxes	Beds	2,612	25			75		5
6	34	Rent-Facility & Grounds	Beds	2,612	25	159,809		75	4,589	6
7	35	Rent-Equipment & Vehicles	Beds	2,612	25	40,093		75	1,151	7
8	36	Other	Beds	2,612	25			75		8
9	38	Medically Nec Transportation	Beds	2,612	25			75		9
10	39	Ancillary Service Centers	Beds	2,612	25			75		10
11	40	Barber and Beauty Shops	Beds	2,612	25			75		11
12	41	Coffee and Gift Shops	Beds	2,612	25			75		12
13	42	Other	Beds	2,612	25			75		13
14								75		14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 1,048,023	$		$ 30,093	25

Facility Name & ID Number Heritage Manor-Gibson City # 0038315 Report Period Beginning: 01/01/05 Ending: 12/31/05

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	A. Directly Facility Related											
	Long-Term											
1	LsSalle National Bank		xx	Mortgage	4640 plus Int	01/15/99	$	$ 701,413	01/15/06	variable	$ 39,553	1
2	LsSalle National Bank		xx	Mortgage							4,353	2
3												3
4												4
5												5
	Working Capital											
6	Central Office Allocation		xx	Working Capital							12,561	6
7	Central Office Allocation		xx	Working Capital								7
8												8
9	TOTAL Facility Related						$	$ 701,413			$ 56,467	9
	B. Non-Facility Related*											
10	Interest Income											10
11												11
12	Allocated Corporate Interest										15,468	12
13												13
14	TOTAL Non-Facility Related						$	$			$ 15,468	14
15	TOTALS (line 9+line14)						$	$ 701,413			$ 71,935	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ _____ Line # _____

*** Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)**

**** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)**

Facility Name & ID Number Heritage Manor-Gibson City **#** 0038315 **Report Period Beginning:** 01/01/05 **Ending:** 12/31/05

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.

1. Real Estate Tax accrual used on 2004 report.	$ 40,268	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	$ 40,112	2
3. Under or (over) accrual (line 2 minus line 1).	$ (156)	3
4. Real Estate Tax accrual used for 2005 report. (Detail and explain your calculation of this accrual on the lines below.)	$ 42,119	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**	$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**	$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	$ 41,963	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2000	56,185	8
	2001	36,782	9
	2002	39,808	10
	2003	40,917	11
	2004	36,943	12

FOR OHF USE ONLY

13	FROM R. E. TAX STATEMENT FOR 2004	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2004 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2004 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2004.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2004 real estate tax bill to the Department of Public Aid, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2005 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2004 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Heritage Manor-Gibson City COUNTY Ford

FACILITY IDPH LICENSE NUMBER 0038315

CONTACT PERSON REGARDING THIS REPORT

TELEPHONE ( ) FAX #: ( )

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2004 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2004.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	09-11-11-482-001	Heritage Manor-Gibson City	$ 39,973.00	$ 39,973.00
2.	09-11-11-479-017		$ 139.00	$ 139.00
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 40,112.00	$ 40,112.00

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the original 2004 tax bills which were listed in Section A to this statement. Be sure to use the 2004 tax bill which is normally paid during 2005.

Facility Name & ID Number Heritage Manor-Gibson City # 0038315 Report Period Beginning: 01/01/05 Ending: 12/31/05

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 17,129 B. General Construction Type: Exterior brick/wood Frame wood Number of Stories 1

C. Does the Operating Entity? [xx] (a) Own the Facility [ ] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [xx] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization. [ ] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

none

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [xx] NO
If so, please complete the following:

1. Total Amount Incurred: 2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization: 4. Dates Incurred:

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1				$ 20,000	1
2					2
3	TOTALS			$ 20,000	3

Facility Name & ID Number Heritage Manor-Gibson City # 0038315 Report Period Beginning: 01/01/05 Ending: 12/31/05

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	75				$ 815,350	$		$	$	$	4
5					912,769						5
6											6
7											7
8											8
	Improvement Type**										
9	1981 Improvements			1981	41,753						9
10	1982 Improvements			1982	6,437						10
11	1983 Improvements			1983	240						11
12	1984 Improvements			1984	873						12
13	1985 Improvements			1985	7,530						13
14	1986 Improvements			1986	20,979						14
15	1987 Improvements			1987	2,222						15
16	1988 Improvements			1988	2,452						16
17	1989 Improvements			1989	28,639						17
18	1990 Improvements			1990	99,326						18
19	1991 Improvements			1991	36,637						19
20	1993 Improvements			1993	40,838						20
21	1994 Improvements			1994	66,399						21
22	1995 Improvements			1995	1,060						22
23	WINDOW REPLACEMENTS			1996	25,247						23
24	WATER HEATER			1996	1,639						24
25	RESIDENT ROOM REMODEL/PAINTING			1996	7,584						25
26	Parking Lot			1998	12,299						26
27											27
28	Smoke Dampers			1999	5,256						28
29	Water Heater			1999	1,971						29
30	Garbage Disposal			1999	1,693						30
31	Heat/Cool compressor			1999	3,277						31
32	Smoke Dampers			2000	1,295						32
33											33
34	C/O Allocation							8,885	8,885		34
35	Book Depreciation					63,470		63,470		822,124	35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

Facility Name & ID Number Heritage Manor-Gibson City # 0038315 Report Period Beginning: 01/01/05 Ending: 12/31/05

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Temperature Control Unit	2001	$ 1,700	$		$	$	$	37
38	AC Replacement	2001	4,400						38
39	Smoke Detection System								39
40									40
41	Smoke Detection System	2002	1,775						41
42	Landscaping	2002	1,425						42
43	Fire Supression	2002	4,458						43
44	Water Heater	2002	2,396						44
45	Keypad Perimeter	2002	941						45
46	Sealcoat Parking Lot	2002	1,371						46
47	Garbage Disposal	2002	1,520						47
48	Hot Water Tank	2002	3,168						48
49	Rehab Hallway--Wallpaper/Paint	2002	14,442						49
50									50
51	Exterior Doors	2003	2,195						51
52	Roof Replacement	2003	28,555						52
53	Security Door	2003	1,116						53
54	Water Heater	2003	1,999						54
55	Water Tank	2003	1,836						55
56									56
57	HVAC unit	2004	5,247						57
58	Grease Trap	2004	1,903						58
59	Quarry Tile	2004	3,165						59
60	Parking Lot Sealcoat	2004	1,579						60
61	HVAC unit	2004	1,000						61
62	Sprinkler Leak	2004	1,854						62
63	Hot Water Boiler	2004	2,133						63
64	Corridor Remodel Material and Labor	2004	20,242						64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 2,254,185	$ 63,470		$ 72,355	$ 8,885	$ 822,124	70

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Heritage Manor-Gibson City # 0038315 Report Period Beginning: 01/01/05 Ending: 12/31/05

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 2,254,185	$ 63,470		$ 72,355	$ 8,885	$ 822,124	1
2									2
3	Oxygen Room	2005	2,005						3
4	Heat/Cool Unit	2005	17,228						4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 2,273,418	$ 63,470		$ 72,355	$ 8,885	$ 822,124	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Heritage Manor-Gibson City # 0038315 Report Period Beginning: 01/01/05 Ending: 12/31/05

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 329,769	$ 17,334	$ 17,334	$		$ 332,838	71
72	Current Year Purchases	25,753						72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	$ 355,522	$ 17,334	$ 17,334	$		$ 332,838	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				$	$	$	$		$	76
77										77
78										78
79										79
80	TOTALS			$	$	$	$		$	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 2,648,940	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 80,804	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 89,689	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 8,885	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 1,154,962	85	

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		$	$	$	86
87					87
88					88
89					89
90					90
91	TOTALS	$	$	$	91

G. Construction-in-Progress

	Description	Cost	
92		$	92
93			93
94			94
95		$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Facility Name & ID Number Heritage Manor-Gibson City # 0038315 Report Period Beginning: 01/01/05 Ending: 12/31/05

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
   If NO, see instructions. ☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5								5
6								6
7	TOTAL				$ **			7

8. List separately any amortization of lease expense included on page 4, line 34.
   This amount was calculated by dividing the total amount to be amortized
   by the length of the lease .

9. Option to Buy: ☐ YES ☐ NO Terms: *

10. Effective dates of current rental agreement:
    Beginning
    Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2006	$
13.	/2007	$
14.	/2008	$

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? ☐ YES ☐ NO
16. Rental Amount for movable equipment: $ 4,177 Description:
    (Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			$	$	17
18					18
19					19
20					20
21	TOTAL		$	$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name & ID Number Heritage Manor-Gibson City # 0038315 Report Period Beginning: 01/01/05 Ending: 12/31/05

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?
   - ☐ YES
   - ☐ NO

   If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM ☐
   - IN OTHER FACILITY ☐
   - COMMUNITY COLLEGE ☐
   - HOURS PER CNA ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM ☐
   - IN OTHER FACILITY ☐
   - HOURS PER CNA ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies		100		100
3	Classroom Wages (a)		933		933
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	$	$ 1,033	$	$ 1,033
10	SUM OF line 9, col. 1 and 2 (e)	$ 1,033			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities.

$

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.
(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

Facility Name & ID Number Heritage Manor-Gibson City # 0038315 Report Period Beginning: 01/01/05 Ending: 12/31/05

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist		hrs	$		$ 36,248	$		$ 36,248	1
2	Licensed Speech and Language Development Therapist		hrs			5,027			5,027	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs			39,282	158		39,440	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescrpts				199,709		199,709	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify):					4,330			4,330	13
14	TOTAL			$		$ 84,887	$ 199,867		$ 284,754	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

STATE OF ILLINOIS

Facility Name & ID Number Heritage Manor-Gibson City **#** 0038315 **Report Period Beginning:** 01/01/05 **Ending:** 12/31/05

XV. BALANCE SHEET - Unrestricted Operating Fund. **As of** 12/31/05 **(last day of reporting year)**

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 10,617	$	1
2	Cash-Patient Deposits	11,425		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	286,609		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	12,599		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	1,707,930		8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 2,029,180	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	20,000		13
14	Buildings, at Historical Cost	2,097,001		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	404,088		16
17	Accumulated Depreciation (book methods)	(1,154,962)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):	363		23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 1,366,490	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 3,395,670	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 120,524	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	11,425		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	132,186		30
31	Accrued Taxes Payable (excluding real estate taxes)	2,325		31
32	Accrued Real Estate Taxes(Sch.IX-B)	42,119		32
33	Accrued Interest Payable	3,890		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36				36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 312,469	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable	701,413		40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 701,413	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 1,013,882	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 2,381,788	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 3,395,670	$	48

***(See instructions.)**

Facility Name & ID Number Heritage Manor-Gibson City **#** 0038315 **Report Period Beginning:** 01/01/05 **Ending:** 12/31/05

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total		
1	**Balance at Beginning of Year, as Previously Reported**	$ 2,674,979	1	
2	Restatements (describe):		2	
3			3	
4			4	
5			5	
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 2,674,979	6	
	A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(293,191)	7	
8	Aquisitions of Pooled Companies		8	
9	Proceeds from Sale of Stock		9	
10	Stock Options Exercised		10	
11	Contributions and Grants		11	
12	Expenditures for Specific Purposes		12	
13	Dividends Paid or Other Distributions to Owners	( )	13	
14	Donated Property, Plant, and Equipment		14	
15	Other (describe)		15	
16	Other (describe)		16	
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ (293,191)	17	
	B. Transfers (Itemize):			
18			18	
19			19	
20			20	
21			21	
22			22	
23	**TOTAL Transfers (sum of lines 18-22)**	$	23	
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 2,381,788	24	*

*** This must agree with page 17, line 47.**

Facility Name & ID Number Heritage Manor-Gibson City # 0038315 Report Period Beginning: 01/01/05 Ending: 12/31/05

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 2,650,728	1
2	Discounts and Allowances for all Levels	(476,982)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 2,173,746	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	242,032	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 242,032	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements	3,404	11
12	Gift and Coffee Shop	(812)	12
13	Barber and Beauty Care	6,781	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	161,470	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	153	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 170,996	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***		25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 2,586,774	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	555,865	31
32	Health Care	1,276,316	32
33	General Administration	790,696	33
	B. Capital Expense		
34	Ownership	183,820	34
	C. Ancillary Expense		
35	Special Cost Centers	5,230	35
36	Provider Participation Fee		36
	D. Other Expenses (specify):		
37		68,038	37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 2,879,965	40
41	**Income before Income Taxes (line 30 minus line 40)****	(293,191)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (293,191)	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return? _____ If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.**

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

Facility Name & ID Number Heritage Manor-Gibson City # 0038315 Report Period Beginning: 01/01/05 Ending: 12/31/05

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,728	1,946	$ 43,191	$ 22.19	1
2	Assistant Director of Nursing			0		2
3	Registered Nurses	4,798	5,480	111,484	20.34	3
4	Licensed Practical Nurses	7,021	7,556	149,041	19.72	4
5	CNAs & Orderlies	38,071	40,815	408,816	10.02	5
6	CNA Trainees	100	100	933	9.33	6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	3,248	3,700	46,799	12.65	8
9	Activity Director					9
10	Activity Assistants	4,665	5,195	42,439	8.17	10
11	Social Service Workers	1,987	2,196	26,193	11.93	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	16,249	17,857	173,442	9.71	15
16	Dishwashers					16
17	Maintenance Workers	4,263	5,158	59,890	11.61	17
18	Housekeepers	7,505	8,262	74,817	9.06	18
19	Laundry	3,791	4,421	35,311	7.99	19
20	Administrator	1,900	2,080	52,121	25.06	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	6,073	6,897	90,760	13.16	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	101,399	111,663	$ 1,315,237 *	$ 11.78	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant		$ 0		35
36	Medical Director		5,700		36
37	Medical Records Consultant		1,800		37
38	Nurse Consultant				38
39	Pharmacist Consultant		2,118		39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant		2,987		45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 12,605		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	4,338	$ 130,148		50
51	Licensed Practical Nurses	1,113	27,821		51
52	Certified Nurse Assistants/Aides	1,736	34,729		52
53	TOTAL (lines 50 - 52)	7,188	$ 192,698		53

Facility Name & ID Number Heritage Manor-Gibson City # 0038315 Report Period Beginning: 01/01/05 Ending: 12/31/05

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Paula Johnson	admin		$ 52,121
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 52,121

B. Administrative - Other

Description	Amount
	$
TOTAL (agree to Schedule V, line 17, col. 3)	$
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Heritage enterprises	Mgt fee	$ 155,211
		0
		0
		0
Legal-- Adjusted to Zero		17,746
		0
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $2500 attach copy of invoices.)		$ 172,957

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 23,689
Unemployment Compensation Insurance	22,764
FICA Taxes	100,616
Employee Health Insurance	152,309
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Employee Hepatitis Vaccine	200
Employee Benefits -	(3,003)
Employee Benefits - central office	27,267
TOTAL (agree to Schedule V, line 22, col.8)	$ 323,842

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 0
Advertising: Employee Recruitment	5,985
Health Care Worker Background Check	
(Indicate # of checks performed)	420
Central Office Allocation	3,186
Promotional Advertising	2,403
Public Relations	3,873
Dues and Subscriptions	5,543
License and Fees	2,313
Less: Public Relations Expense	(3,873)
Non-allowable advertising	(723)
Yellow page advertising	(2,403)
TOTAL (agree to Sch. V, line 20, col. 8)	$ 16,724

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
	1,960
	0
Seminar Expense	2,072
	(9,016)
	6,983
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 1,999

**See instructions.

Facility Name & ID Number Heritage Manor-Gibson City # 0038315 Report Period Beginning: 01/01/05 Ending: 12/31/05

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010
1			$		$	$	$	$	$	$	$	$	$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

Facility Name & ID Number Heritage Manor-Gibson City # 0038315 Report Period Beginning: 01/01/05 Ending: 12/31/05

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **no**

(2) Are there any dues to nursing home associations included on the cost report? **yes**
If YES, give association name and amount. **Illinois Healthcare Association**

(3) Did the nursing home make political contributions or payments to a political action organization? **yes** If YES, have these costs been properly adjusted out of the cost report? **yes**

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **no** If YES, what is the capacity?

(5) Have you properly capitalized all major repairs and equipment purchases? **yes**
What was the average life used for new equipment added during this period? **7 years**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **5,000** Line **10**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **yes** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **no**
If YES, give effective date of lease.

(9) Are you presently operating under a sublease agreement? YES **xx** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO **xx** If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. $ **41,063**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **no** If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **yes**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **yes** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **0** Has any meal income been offset against related costs? **yes** Indicate the amount. $ **5,303**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **no**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **no** If YES, please indicate the amount of income earned from such a program during this reporting period. $
c. What percent of all travel expense relates to transportation of nurses and patients? **100%**
d. Have vehicle usage logs been maintained? **yes**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **yes**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **yes**
g. Does the facility transport residents to and from day training? no
Indicate the amount of income earned from providing such transportation during this reporting period. $

(17) Has an audit been performed by an independent certified public accounting firm? **yes**
Firm Name: **Sulaski & Webb** The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? **No** If no, please explain. **Not available**

(18) Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V? **yes**

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services performed been attached to this cost report? **yes**
Attach invoices and a summary of services for all architect and appraisal fees.

BASIC CHARGE-PRIVATE & VA	-2,339,036	
PRIVATE ASSESSMENT TAX INCOME		
BASIC CHARGE-IPA	0	
BASIC CHARGE-MEDICARE	0	
DAY CARE/HOME CARE		
LIGHT NURSING CARE	-83,936	
MEDIUM NURSING CARE		
HEAVY NURSING CARE		
SKILLED NURSING CARE		
NURSING SUPPLIES-PRIVATE	-203,042	
NURSING SUPPLIES-IPA		
NURSING SUPPLIES MED PT A		
NURSING SUPPLIES MED PT B		
DRUGS	-161,470	
DRUGS-OTHER		
PT-PRIVATE	-242,032	
PT-IPA		
PT-MEDICARE PART A		
PT-MEDICARE PART B		
PUBLIC AID ASSESSMENT INC		
LABORATORY INCOME		
SPEECH/OT-PRIVATE		
SPEECH/OT-IPA		
SPEECH/OT-MED PART A		
SPEECH/OT MED PART B		
IPA DISCOUNTS	476,982	
MEDICAID PART B DISCOUNT		
MEDICARE DISCOUNTS		
ASSESSMENT TAX EXPENSE		
RENT INCOME	0	
BEAUTY SHOP	-6,781	
ACTIVITY FUND INCOME	791	
VENDING INCOME/EXPENSE	21	
MANAGEMENT FEES		
EQUIPMENT RENTAL	-24,714	
RESIDENT TRANSPORTATION	-114	
MISC INCOME	-39	
GENERAL & ADMINIST WAGES	78,865	90,760
ADMINISTRATOR WAGES	52,121	52,121
VACATION & SICK - G&A	11,895	
EMPLOYEE BENEFITS	8,467	296,575
EMPLOYEE HEPETITIS VACCINI	200	
EMPLOYEE SCHOLORSHIP WAC	3,740	
EMPLOYEE SCHOLORSHIP COST	-15,210	
DIRECTORS FEES		
OFFICE SUPPLIES	7,608	7,642
TELEPHONE	13,719	13,719
TRAINING & EMPLOYEE DEVL	1,116	1,116
GENERAL TRAVEL	1,960	4,032
MEAL EXPENSE FOR TRAVEL	0	
EDUCATION & SEMINAR	2,072	
HELP WANTED ADVERTISING	5,985	61,600
PROMOTIONAL ADVERTISING	2,403	
PUBLIC RELATIONS	3,873	
LICENSES & FEES	43,376	
DUES & SUBSCRIPTIONS	5,543	
CONTRIBUTIONS	1,500	
PROFESSIONAL FEES	17,746	172,957
MEDICAL DIRECTOR	5,700	5,700
UTILIZATION REVIEW	0	
OTHER PHYSICIAN FEES	0	
MEDICAL RECORDS CONSULT	1,800	
PHARMACIST FEES	2,118	
SOC SERV/ACT CONSULT	2,987	2,987
TV RENTAL	2,737	
INCOME TAXES		39,511
BACKGROUND CHECKS	420	
PAYROLL TAXES	117,970	
PAYROLL TAXES ADMINIST	5,410	
GROUP INSURANCE	152,309	
LIABILITY INSURANCE	50,663	50,663
INSURANCE-OWNERS		
WORKMENS COMP INSURANCE	23,689	
CENTRAL OFFICE FEES	155,211	
BAD DEBTS	38,000	
LOST ITEMS-RESIDENTS	11	
MISCELLANEOUS	0	
REAL ESTATE TAXES	41,963	41,963
LEASED EQUIPMENT	1,849	4,586
MAINTENANCE SALARIES	50,546	59,890
MAINTENANCE SICK & VAC	9,344	
ELECTRIC	26,525	62,826
NATURAL GAS	28,360	
HEATING & DEISEL OIL		
WATER & SEWER	7,941	
TRASH COLLECTION	3,283	19,985
PROPERTY PLANT REPLACEMN	2,630	13,105
GENERAL REPAIR & MAINT	10,475	
MAINTENANCE CONTRACTS	16,702	
DIETARY WAGES	160,440	173,442
DIETARY SICK & VAC	13,002	
SALES TAX		
FOOD PURCHASES	98,340	93,037
SUPPLIES-DISHWASHING	2,390	6,320
DIETARY REPLACEMENT	977	
KITCHEN SUPPLIES-PAPER	2,953	
MEAL CREDIT	-5,303	
LAUNDRY WAGES	32,973	35,311
LAUNDRY SICK & VAC	2,338	
LAUNDRY REPLACEMENT	3,531	7,264
LAUNDRY REIMBURSEMENT		
LAUNDRY SUPPLIES	3,733	
HOUSEKEEPING WAGES	69,014	74,817
HOUSEKEEPING SICK & VAC	5,803	
HOUSEKEEPING SUPPLIES	4,393	9,868
HOUSEKEEPING SUPPLIES-PPR	5,475	
RN WAGES-MEDICARE		759,331
RN WAGES-NON MEDICARE	101,672	
DON WAGES	43,191	
ADON	0	
RN SICK & VACATION	9,812	
LPN WAGES-MEDICARE	0	
LPN WAGES-NON MEDICARE	139,878	
LPN WAGES OTHER		
LPN SICK & VACATION	9,163	
AIDE WAGES-MEDICARE		
AIDE WAGES-NON MEDICARE	378,304	
WARD CLERKS		
AIDE VACATION & SICK	30,512	
CONTRACT NURSES-RN	130,148	
CONTRACT NURSES-LPN	27,821	
CONTRACT NURSES-AIDES	34,729	
NURSE AIDE TRAINING WAGES	933	933
NURSE AID TRAINING EXP	100	100
NURSE AIDE TRAINING REIMB	-3,404	
REHAB WAGES	42,724	
REHAB SICK & VAC	4,075	
NURSING DEPT EDUCATION		
NURSING SUPPLIES	51,900	56,835
NURSING SUPPLIES	2,784	
REPLACEMENT-NURSING	2,151	
NURSING OTHER	1,036	197,652
DRUG PURCHASES	34,031	97,919
DRUG PURCHASES-OTHER	63,730	
LABORATORY SERVICES	4,330	84,887
HOME HEALTH SALARY		
HOME HEALTH SICK & VAC		
HOME HEALTH EXPENSES		
ACTIVITES WAGES	39,220	42,439
ACTIVITIES SICK & VAC	3,219	
ACTIVITIES SUPPLIES	1,282	1,282
ACTIVITIES FEES	0	0
PT WAGES		
PT SICK & VACATION		
PT FEES	39,282	
PT SUPPLIES	158	
SOCIAL SERVICE WAGES	24,252	26,193
SOCIAL SERVICE SICK & VAC	1,941	
SOCIAL SERVICE EXPENSES	58	58
OT FEE	36,248	
SOCIAL THERAPIST FEE	0	0
SPEECH THERAPY FEE	5,027	
BEAUTICIAN WAGES		0
BEAUTICIAN SICK & VAC		
BEAUTICIAN FEES	5,230	5,230
BEAUTY SHOP SUPPLIES	0	0
VOLUNTEER COORDINATOR		
VOL COORD SICK & VAC		
VOL COORD SUPPLIES	34	
RENT		0
INTEREST EXPENSE	52,114	56,467
DEPRECIATION	80,804	80,804
LOAN FEE AMORTIZATION	4,353	
INTEREST INCOME	0	
MISC NON-OPERATING INCOMI	0	
INCOME TAXES	68,038	
	2,876,561	2,811,927
		-64,634
	293,191	
	(NET INCOME)	
	0	

	Name	Title	Function	Ownership Interest	Compensation Received From Other Homes	Week Devoted to this Business and % of Total Work Week Hours	Percent	Description	Compensation Includ in Costs for this Reporting Period Amount	Schedule V Line & Column Reference		Total Pay	sted by Mgmt I	2,612 Total # Beds	75 Facility # Beds	3,471,750 n-Nursing Hor	71,391,262 Nursing Home	This Facility
#REF!	Susie Jefferso	Director	Management	0	387,397	10	0	Salary	11,452	line 17, col 7	#REF!	418,245	418,245			19,396	398,849	11,453
#REF!	Tom Jefferson	Secretary	Management	0	0	10	0	Salary	0	line 17, col 7	#REF!	0	0			0	0	0
#REF!	Craig Hart	Chairman	Management	0	434,453	10	0	Salary	12,844	line 17, col 7	#REF!	469,049	469,049			21,752	447,297	12,844
#REF!	Cheryl Lowney	Executive Vice	Management	0	258,690	50	1	Salary	7,648	line 17, col 7	#REF!	279,290	279,290			12,952	266,338	7,648
#REF!	Steve Wanner	President	Management	0	337,124	50	1	Salary	9,966	line 17, col 7	#REF!	363,969	363,969			16,879	347,090	9,966
#REF!	Connie Hoselt	Sr Vice Presid	Management	0	166,339	40	1	Salary	4,917	line 17, col 7	#REF!	179,584	179,584			8,328	171,256	4,917
#REF!	Craig Ater	Sr Vice Presid	Management	0	186,434	50	1	Salary	5,511	line 17, col 7	#REF!	201,279	201,279			9,334	191,945	5,511
	Ben Hart				73,875				2,184			79,758	79,758			3,699	76,059	2,184
13					1,844,312			TOTAL	54,522		13	1,991,174	1,991,174				1,898,834	54,523

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the homes(s) as well as the amount paid. This amount must agree to the amounts claimed on the other homes' cost #REF!

52,338

**This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., managment fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION.

0	5,571,251 total salaries
	1,991,174
	0 total mgt fees